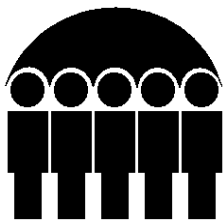


Revised May 5, 2006

Management Manual
Title 23
Chapter H Appendix

TRAVEL CLAIMS

APPENDIX



Iowa
Department
of
Human Services

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Travel Payment Guidelines, Reference Card RC-0019

Purpose	RC-0019 contains basic guidelines for completing travel payments for in-state or out-of-state travel. It addresses common areas of concern but is not an all-inclusive list.
Source	This form is not printed. You may print the form from the on line manual or photocopy the sample from the paper manual.
Completion	Employees may use this list to review policy before completing a travel claim. The list will be most useful to new employees or employees who complete the <i>Travel Payment</i> form on an infrequent basis.

Travel Payment, Form TP 07-410

Purpose	<p>Form TP 07-410, <i>Travel Payment</i> (TP), is used when:</p> <ul style="list-style-type: none">◆ An employee requests reimbursement from the state for allowable travel expense incurred while on official state business; or◆ Expenses incurred by an employee are billed directly to the state.
Source	<p>This form is available as a template on Outlook under public folders, state-approved forms, in the administrative folder.</p>
Completion	<p>The employee, who is the claimant, completes the <i>Travel Payment</i> form after expenses are incurred. This form must be used any time an employee is requesting reimbursement from the state, except for payroll-related items.</p> <p>The TP may be handwritten in ink or typed. The employee and the supervisor must sign the completed TP in ink.</p>
Distribution	<p>Submit the original and two copies of the TP form and all supporting documentation to the Bureau of Purchasing, Payments, and Receipts. (DHS facilities process their own travel claims and may have different distribution guidelines.) Each original must have original documentation attached.</p>
Data	<p>The Department has some unique procedures for processing the TP that are not addressed by the DAS-SAE Handbook. Follow the instructions provided in this appendix. These examples represent the most common situations employees face.</p> <p>The numbers correspond to the inserted numbers on the sample form.</p> <ol style="list-style-type: none">1. Official Domicile: Enter the employee's official domicile, which is the city or metropolitan area within which the employee's office is located. If the employee is not assigned to any particular office, the appointing authority designates the official domicile.

2. **Purpose of Travel:** Mark the applicable box to indicate each purpose of the travel being claimed.
3. **Name and Home Address:** Enter the employee's name and residence address.
4. **Alternate Address:** Enter the office for warrant delivery. The warrant will be sent to this division, bureau, or local office.
5. **Document Number:** Not required.
6. **Year, MM/DD:** Enter the year in the space provided. Then in the column, enter the month and the day that the travel occurred.
7. **Time HH:MM A/P, Left:** Enter the departure time for the first day of the trip in hours and minutes and must designate either A for A.M. or P for P.M.
8. **Time HH:MM A/P, Returned:** Enter the time returned for each day a trip is concluded in hours and minutes and must designate either A for A.M. or P for P.M. Examples:

1. Mr. C's official domicile is Des Moines. He departs from his official domicile at 8:15 a.m. and returns to his official domicile at 11:30 a.m. "Time Left" and "Time Returned" must be completed on the TP form.
2. Ms. G's official domicile is Des Moines. She travels to Sioux City for three days. On the first day, she leaves her official domicile at 6:30 a.m. On the third day, she returns at 2:00 p.m. The time left on the first day and time returned on the last day of the trip must be included on the TP form.

9. **Travel From/To:** Enter the place of origination and most distant point traveled for that date. If there is no lodging for that date, it will be assumed that the employee returned to the official domicile or residence, unless an explanation (such as “stayed with friends” or “stayed with relatives”) is entered on the claim.

Enter an explanation of how the employee arrived at the destination if no mileage will be entered in the next field.

The state car number is required, unless items are purchased for the state car and the DAS-GSE-Fleet and Mail Credit Card is used. (See procedure [210.131\(2\)](#) for more information.) The name of the passengers or driver, whichever is applicable, is not required, but may be included.

10. **Miles:** Enter the number of miles traveled on official state business for that particular date. When leaving from home, instead of the office, normal commuting miles must be deducted from the mileage. (See procedure [210.107](#).)
11. **Rate in Cents:** Enter the rate of mileage reimbursement. See procedure [210.107](#) for the current mileage rates. (Valid choices are in a drop-down box on the template.)
12. **Charge:** Enter the total charge for mileage or use the calculation function on the template.
13. **Meals: Breakfast, Lunch, Dinner:** Enter the **actual** cost of breakfast, lunch, and dinner incurred during travel. To claim breakfast on the first morning of a trip, you must depart before 7:00 a.m. Dinner is allowed if the return time is after 6:00 p.m. If there is no such explanation, the claim must be reduced accordingly.

If a meal is included in a registration fee or provided by an outside source, indicate this somewhere on the form or on a separate attachment.

Client meals are reimbursable at actual cost. List the actual expense in the “Transportation and Other Expenses” column. List the client case number and, next to the client number, which meal was provided (B, L, or D) in the “from/to” field.

14. **Meals: Total:** Enter the total costs of the meals listed or use the calculation function on the template.
15. **Meals: Reimb Total:** Enter the total amount from item 14, unless it exceeds the maximum allowed. If so, enter the maximum amount allowed. (See procedure [210.205](#).)
16. **Lodging: Actual:** Enter the **actual** cost of lodging. Include only the room charge and applicable taxes. Do not include telephone calls, meal expenses, or other items that may appear on the lodging receipt. Attach the original detailed lodging receipt (with the motel name and address on it) to the claim.

For additional requirements when employees share a room, see procedure [210.205\(2\)\(a\)\(4\)](#).

17. **Lodging: Reimb Total:** Enter the amount from item 16, unless it exceeds the allowable amount. If so, enter the maximum amount allowed. See procedure [210.205](#) for the allowable reimbursement.
18. **Code:** Enter the letter code for the type of expense (shown in a drop-down box and help text on the template). Valid codes are:

A Air	P Parking
B Bus or cab	R Registration
D Long-distance phone	S Supplies
F Local phone	T Tolls
L Laundry	O Other, specify below

Use the “O” code for any expenses that do not have an assigned code. Enter the description in the “Trans/Other Expenses” section. If there are multiple “other” expenses, start with an “O” code and add as many numbers as necessary so that each expense has a separate code, e.g., O1 – postage, O2, etc.

19. **Amount:** Enter the actual amount of the miscellaneous expense.
 20. **Document Total:** Enter the total of columns 12, 15, 17, and 19 or use the calculation function on the template.
 21. **Less Travel Advance:** If there is no travel advance involved with this particular trip, leave this space blank. If there is a travel advance, enter the amount here.
 22. **Less Travel PCard Pymts:** Leave blank.
 23. **Reimbursement Requested:** The same amount entered in 20 should be entered here if there is no travel advance associated with this trip.
- Claims Certification Section:**
24. **Commuting miles excluded?:** Indicate by entry of “Y” or “N” whether commuting miles have been deducted. If commuting miles were not excluded, include an explanation on the form or in a separate attachment.
 25. **Travel includes vicinity miles?:** Indicate vicinity driving by entering “Y.” If this is not entered and the miles appear excessive, the claim must be reduced accordingly.
 26. **Direct deposit?:** Indicate by entry of “Y” or “N” whether the employee has direct deposit. Employees whose payroll is direct deposited will receive travel reimbursements via direct deposit.
 27. **Warrant to alt addr?:** N/A
 28. **Title:** Enter the employee’s job title.
 29. **Department to be Charged:** Enter the department number to be used for these expenses (i.e., 401, 402, or 413).
 30. **Employee Vendor #:** Enter the employee’s vendor number, composed of the first nine letters in the employee’s last name, first name, and middle name as shown on the payroll system, plus the last two digits of the employee’s social security number.

31. **Check here if board or commission member:** Check here if the person claiming expenses is a council, board, or commission member and is entitled to the higher reimbursement rates as detailed in procedure [210.205\(3\)](#).
32. **Claimant's Signature:** The employee (claimant's) must sign each TP in ink. An original signature **must** be entered. No rubber stamps will be accepted for the employee's signature on travel claims.
33. **Date:** Enter the date the TP form is signed by the employee.
34. **Travel Approval (Supervisor's Signature):** Enter the original signature of the employee's supervisor.
35. **Bud FY:** Enter the budget fiscal year for expenses incurred.
36. **Fund, Dept, Unit, Sub Unit, Objt:** Enter applicable account coding.
 - ◆ Fund code
 - ◆ Dept code
 - ◆ Unit (organization code)
 - ◆ Sub-unit code (if required)
 - ◆ Object code. For in-state mileage reimbursement, use code 2103; for out-of-state mileage reimbursement, use code 2104.
37. **Amount:** Enter the amount of the line item.
38. **Document Total:** Enter total amount of claim or use the calculation function on the template.

Use the "calculate" button at the end of the template to perform automated calculations.

[Request for Travel Authority, Form 655-0209](#)

Purpose	<p>Form 655-0209 is used to obtain the prior authorization required for all employees for each trip outside the state. Exception: An employee may travel out of state on regular state business (e. g. transporting or visiting clients) without submitting this form.</p> <p>Prior approval is also required for nonemployees who are conducting state business for the Department, such as:</p> <ul style="list-style-type: none">◆ Members of councils, commissions, and boards relating to the Department; and◆ Vendors or others who contract with the Department and travel on behalf of the Department.
Source	<p>This form is available as a template on Outlook under public folders, state-approved forms, administrative folder.</p>
Completion	<p>The person requesting approval for out-of-state travel shall complete the form. DHS support staff may complete the form for a nonemployee representative.</p> <p>The request must be submitted and approved by the supervisor, the Department director, and the Executive Council. The Director's Office must receive the request at least three weeks before the departure date. When the meeting or conference is called on short notice, explain this on the request or in a cover memorandum from the supervisor.</p> <p>No abbreviations are allowed. Be sure to state who is sponsoring a meeting. Enter this in the space provided, not on a separate paper. For trips involving clients, e.g., patients being transferred from place to place, the client's name must be left off for confidentiality purposes.</p> <p>All requests for the same trip must be submitted at the same time. When it is possible that staff from more than one division may attend a conference, the primary division is responsible for coordinating the requests, including checking with other divisions.</p>

A separate request form is required for each person attending. If there is a difference in costs, an explanation must be provided.

When more than one person is traveling to the same meeting or conference, the request must include an adequate explanation as to why more than one person is required to make the trip. Attach a memo of justification to the director if more than three people are requesting to go to the same function.

Requests must be approved by the Director's Office before personnel:

- ◆ Incur any costs (i.e. order or pay for airline tickets or registration fees), or
- ◆ Accept presentations or speaking duties at meetings or conferences.

If approval is necessary by a particular date because of a registration deadline or in order to obtain a cheaper fare, please either note this on the form itself or attach a note so that every effort can be made to obtain approval before that date.

Distribution

Submit the request first to the employee's supervisor. Additional copies may be made for the person requesting the travel approval and for the supervisor.

A written justification must be attached to requests involving:

- ◆ Multiple travels,
- ◆ Exotic locations,
- ◆ Unusual registration fees,
- ◆ Late arrivals,
- ◆ Car rental versus the use of public transportation, or
- ◆ More than three people requesting permission to attend the same function.

Attach an agenda, if available.

- ◆ For central office staff, the supervisor forwards the approved form to the division administrator's secretary.

- ◆ For facility staff, the supervisor forwards the approved form to the superintendent's secretary, who forwards it to the deputy director for field operations after supervisory approval.
- ◆ For field staff, the supervisor forwards the approved form to the service area manager's secretary, who forwards it to the Field Operations Support Unit after supervisory approval. The deputy director for field operations must also approve requests for travel to training or meetings (but not for client-related travel).

After the division administrator or deputy director has approved the request, the administrator's secretary forwards the request to the Department director's office.

The director's office returns the form to:

- ◆ The division administrator for return to the employee requesting travel authority; or
- ◆ FOSU for return to service area manager's secretary and then to the employee requesting travel authority; or
- ◆ The deputy director's office for return to the facility and then employee requesting travel authority.

The traveler must submit the form along with form TP 07-410, *Travel Payment* (TP), and form TP (TEMP), *Temporary Out-of-State Travel Advance*, if applicable, to claim reimbursement. **Note:** If the actual allowable expenses for the trip exceed the amount provided in the request by more than 10%, form 625-0215 will also be required.

Data

The Department has some unique procedures that are not addressed by the Department of Administrative Services, State Accounting Enterprise Handbook Procedure [210.315](#).

The following instructions are a guide for completing the out-of-state *Request for Travel Authority*. When these instructions do not address a DAS-SAE Handbook procedure, follow the DAS-SAE Handbook or the instructions on the back of the form.

The numbers correspond to the inserted numbers on the sample form.

1. **Name:** Enter the name of the person who will be traveling. Complete a separate form for each person.
2. **Employee Vendor #:** Enter the traveler's vendor number, composed of the first nine letters in the traveler's last name, first name, and middle name as shown on the payroll system, plus the last two digits of the traveler's social security number.
3. **Title:** Enter the current job title of the traveler.
4. **Department Name:** Enter the name of the employing department.
5. **Department #:** Enter the department number used in the state's I/3 accounting system (i.e. 401, 402, 413).
6. **Division:** Self-explanatory.
7. **No. of previous trips this calendar year:** List the number of previous trips the traveler has made during the calendar year of the requested trip.
8. **No. of anticipated trips this calendar year:** List the number of anticipated trips the traveler will make during the calendar year of the requested trip. (Include the requested trip.)
9. **List additional staff attending the same meeting/conference:** Submit all requests where more than one employee is involved, at the same time. Include an adequate explanation as to why more than one person is required to make the trip. Attach a memo to the director when more than three people are requesting permission to attend the same function.
10. **Departure From:** In most cases, departure is from the work domicile or the traveler's residence. The out-of-state trip does not begin in the last city or town visited before leaving the state, but rather from the point within the state where the trip commenced.

1. Employee A, whose official domicile is Spencer, travels to Keokuk, stays overnight, and continues on into Missouri. The departure is from Spencer, not Keokuk. The costs of the out-of-state trip begin in Spencer and not the next day when Employee A leaves Iowa.
2. Employee B, whose official domicile is Spencer, travels to Omaha to board a flight to Washington, D. C. The departure is from Spencer, not Omaha.

11. **Traveling To:** Enter the final destination of the trip. Also note all intermediate stops made to conduct state business. (This does not include plane transfers.)
12. **Departure Date:** Enter the day travel is to begin. If this day is two or more days before the beginning date of the meeting, note this and explain the departure time.

Travel expenses are allowed for only one day on either side of a meeting. The only exception to this is when the total expense for traveling two days before or after the meeting is less than the cost of traveling one day on either side of the meeting.

13. **Return Date:** Enter the date the traveler will return to the official domicile. Meals may be reimbursed for the day following the meeting. If the returning date is two or more days after the end of the meeting, note the reason.
14. **Mode of Travel:** Enter the mode of transportation. If unusual circumstances or additional clarification is needed, enter an explanation in this section.

For instance, if a private auto or state car is used for the benefit of the state of Iowa, note this fact. Note the use of a private auto in lieu of coach class airfare or any other unusual circumstances.

15. **Name of Conference/Meeting Attending:** Enter the name of the conference and the name of the organization sponsoring the conference.
16. **Start Date:** Enter the start date of the conference or meeting.
17. **End Date:** Enter the ending date of the conference or meeting. In the event a traveler's period of absence from the state exceeds the time allowed for the conference or meeting plus an additional day of travel, note this on the travel request.
18. **Reason for Travel:** Self-explanatory.
19. **Estimated Costs:** Please note: Statewide reimbursement policies as defined by the DAS-SAE Daily Processing apply. Refer to the [DAS-SAE Daily Processing](#) current policies for appropriate expenses related to transportation, meals, lodging, etc. Do not include more than the allowed amounts on the estimated costs.

Expenses must be clearly defined, no matter who will be paying the expense.

- a. Enter the "Level of City" from the DAS-SAE Daily Processing "Summary of Current State-Wide Travel Reimbursement Policies." (Your agency accounting department should have a copy.) These levels are also listed in procedure [210.305](#).
- b. Airfare: Include the price of an airline ticket. All travel by air must be made at the lowest fare.

The estimated cost of transportation should cover only the cost of air travel (coach) for the mileage from the base to meeting and return. Do not include taxi or limousine costs, etc. Those should be covered in "Other Expenses."

Note: You must provide at least one cost comparison for the **same flight** at the **same time** on the **same date** when you submit a claim for reimbursement. You may use a screen print from an Internet site or a printed itinerary from another travel agency.

You must also submit an original itinerary that includes the date and time of the flight and the cost of the ticket, as well as a confirmation receipt. These may also be printed from the Internet when you make the purchase that way.

- c. State Vehicle: Include an estimate of the cost of renting a state vehicle based on the estimated number of miles to your destination. The DAS-GSE Fleet and Mail Division keeps an updated list of vehicle rental prices per mile.
- d. Rental Vehicle: Include an estimate of the cost of rental vehicles and attach a justification for rental car versus public transportation.
- e. Mileage Reimbursement: Estimate the cost of mileage reimbursement based on estimated number of miles at the applicable rate of reimbursement. (Mileage cannot exceed the airfare rate.)
- f. Lodging: Enter the number of nights the traveler anticipates staying at the hotel, the per night room charge (apply all taxes if information is known), and the total hotel charges that will be incurred.

Ask the hotel or motel to state on the bill the single room rate when other than a single room rate was charged. When there is a choice of room rates available, the minimum rate room is to be occupied when the room is satisfactory.

- g. Meals: Include an estimate on your meals, not to exceed the DAS-SAE allowable limits. If a meal is provided by an outside source (i.e., conference registration, etc.), you are not eligible for reimbursement. (Continental breakfast is not considered a meal.)

- h. Registration: Include the cost of tuition or registration for the event. Include only the prorated costs of conducting the conference or seminar, not costs connected with entertainment. Do not include membership or CEU fees, as these are not reimbursable.

If the Department or an individual pays dues to an association in conjunction to the out-of-state travel, note the amount of dues paid per year in the space for the name of the conference or the reason for travel.

- i. Parking: Include estimates of costs expected for parking. Travelers are expected to choose the most economical parking alternative.
 - j. Other: Include any additional costs you will incur, specifying the type of costs, such as taxi charges, shuttle charges, fax or phone charges, etc. State employees should take the airport shuttle when available instead of a taxi.
 - k. Breakdown of Funds: Enter the account number to be charged for this claim. Enter what percentage of the trip costs will be paid by state funds, by federal funds, and by other funds. Out-of-state travel to be reimbursed from other than state funds is to be submitted for approval. .
20. **Authorized Signature**: The supervisor signs to indicate approval.
21. **Head of Department**: The Department director signs the form.

[Change Request, Form 655-0215](#)

Purpose	<p>Form 655-0215 is used to report changes to a previously authorized out-of-state trip. Complete this form when:</p> <ul style="list-style-type: none">◆ A different person will be going on the trip instead of the person originally authorized; or◆ Expenses of the trip are more than 10% higher than the expenses previously authorized.
Source	<p>This form is available as a template on Outlook under public folders, state-approved forms, administrative folder.</p>
Completion	<p>The person requesting approval for out-of-state travel shall complete the form as soon as it is evident that a change is required. DHS support staff may complete the form for a nonemployee representative. The form must be approved before the travel claim is submitted.</p>
Distribution	<p>Submit the request first to the employee's supervisor. Attach a photocopy of the original approved <i>Request for Travel Authority</i>. Additional copies may be made for the person requesting the travel approval and for the supervisor.</p> <p>Follow the distribution instructions for form 655-0209, <i>Request for Travel Authority</i>. Attach both form 655-0209 and form 655-0215 when you submit form TP 07-410, <i>Travel Payment</i> (TP) to claim reimbursement.</p>
Data	<p>Complete the following fields for all requests:</p> <ul style="list-style-type: none">◆ Original Name: Enter the traveler's name from the approved <i>Request for Travel Authority</i>. Note: There is no travel request number to report.◆ Name of Conference/Meeting Attending: Enter the name of the conference and the name of the organization sponsoring the conference.

- ◆ **Reason for the change:** Explain the circumstances for all changes to the trip as originally approved. If a different person is traveling, state the person's name here.
- ◆ **Estimated Costs:** Enter allowable amounts for all costs, using the instructions for the *Request for Travel Authority*. If the reason for the change request is that actual costs exceed previously approved costs by more than 10%, highlight the changed amounts by using boldface type.
- ◆ **Authorized Signature:** The supervisor signs to indicate approval.

Complete the remaining fields describing the trip only when they differ from what was previously approved.

Temporary Out-of-State Travel Advance, Form TA (TEMP) 07-450

Purpose

Employees use the *Temporary Out-Of-State Travel Advance*, form TA (TEMP) 07-450 to request an out-of-state travel advance. It **must** be used when requesting:

- ◆ Reimbursement for airfare (or other modes of transportation such as bus fare) before the trip takes place. (See procedure [210.325](#) for an explanation of when this is possible.)
- ◆ Reimbursement of a registration fee (before the trip). (See procedures [210.320](#) and [230.550](#) for more information.)
- ◆ 80% of anticipated out-of-pocket expenses. (See procedure [210.310](#) for more information.)

Source

This form is available as a template on Outlook under public folders, state-approved forms, administrative folder.

Completion

Each person requesting a travel advance must complete a separate request form **after** the Executive Council has approved the *Request for Travel Authority*. For more information on out-of-state travel advances, see procedure [210.310](#).

Travel advances for the 80% anticipated out-of-pocket costs are processed no sooner than seven working days before the trip. More than one form may be submitted for the same trip. However, the most current form submitted must reference all other forms submitted.
Example:

An employee's flight for an approved trip is booked two months before the trip to receive the best possible price. This cost may be reimbursed to the employee more than seven working days before the trip occurs.

The claim number and paid date of the claim submitted for reimbursement of air fare must be indicated on the TA (TEMP) submitted for out-of-pocket expenses.

Distribution

Submit the form to the employee's supervisor for approval.
Additional copies may be made for the person requesting the travel advance and for supervisor's records.

Attach:

- ◆ The approved *Request for Travel Authority*, form 655-0209.
- ◆ An itinerary for the trip.
- ◆ An invoice or registration form, if applicable.

Submit the original and two copies of the TA (TEMP) form and all supporting documentation to the Bureau of Purchasing, Payments, and Receipts. (DHS facilities process their own travel claims and may have different distribution guidelines.) Each original must have original documentation attached.

Data

Below are instructions for completing the TA (TEMP). Only the numbered fields need to be completed. The numbers correspond to the inserted numbers on the sample form.

1. **Official Domicile:** Enter the official domicile of employee requesting the travel advance.
2. **Purpose of Travel:** Check the box of the description that best describes the purpose of this travel.
3. **Document Number:** Not required.
4. **Name and Home Address:** Enter the name and address of person the request is for.

5. **Alternate Address (send warrant to):** Enter the office for warrant delivery. The warrant will be sent to this division, bureau, or local office.
6. **Travel Start Date:** Enter the date travel will begin.
7. **Travel End Date:** Enter date travel will end.
8. **Destination(s):** Enter the travel destinations. Indicate all business stops that will be made during the trip.
9. **Mode of Transportation:** Enter the mode of transportation (airplane, personal car, etc.).
10. **Transportation (Itinerary Attached):** Enter the total cost of airfare here. A cost comparison must be included for airfare.
11. **Registration (Attach Invoice or Registration Form):** Enter the registration fee here.
12. **Sub-Total:** Enter the total cost of 10 and 11. (The template will calculate this amount after the form is completed.)
13. **x 100% = \$:** Multiply the sub-total in 12 by 100% and enter total here. (The template will calculate this amount after the form is completed.)
14. **Transportation Not Shown Above:** Enter total cost of transportation not shown in item 10.
15. **Food:** Enter the estimated cost of meals.
16. **Lodging:** Enter the estimated cost of lodging, including all applicable taxes.
17. **Other:** Any other estimated expenses that will be incurred on the trip, such as parking, taxi, etc.
18. **Sub-Total:** Enter total cost of 14 through 17. (The template will calculate this amount after the form is completed.)

19. **x 80% = \$:** Multiply total cost in 18 by 80% and enter total here. (The template will calculate this after the form is completed.)
20. **Total Advance Requested:** Enter the total of 13 and 19 here. This is the total amount of the advance. (The template will calculate this amount after the form is completed.)
21. **Accounting Use Only:** Enter the paid TA numbers and paid dates of any other TAs associated with the same trip.
22. **Commuting miles excluded?** Indicate by entry of “Y” or “N” whether commuting miles have been deducted. If commuting miles were not excluded, include an explanation on the form or in a separate attachment.
23. **Travel includes vicinity miles?** Indicate by entry of “Y” or “N” whether there was a vicinity driving. If this is not entered, and the miles appear excessive, the claim must be reduced accordingly.
24. **Direct deposit?** Indicate by entry of “Y” or “N” whether the employee has direct deposit. Employees whose payroll is direct deposited will receive travel advances via direct deposit.
25. **Title, Claimant’s Signature, Date:** Employee (claimant) signs claim in ink here and enters the employee’s title, and the date claim is signed. Original signatures **must** be entered. No rubber stamps will be accepted for the employee’s signature on travel payments.

Also, **each** TA (TEMP) must be signed. If employee’s travel crosses fiscal years, two TA (TEMP)s must be submitted and an original signature shall be entered on **both** TA (TEMP)s.
26. **Employee Vendor #:** Enter the first nine letters in the employee’s last name, first name, and middle name as shown on the payroll system, plus the last two digits of the employee’s social security number.

27. **Department to be Charged:** Enter the agency number to be used for these expenses (i.e. 401, 402, 413).
28. **Check if board or commission member:** Check here if the traveler is a council, board, or commission member and is entitled to the higher reimbursement rates as detailed in procedure [210.205\(3\)](#).
29. **Travel Approval (Supervisor's Signature):** Enter the original signature of the employee's supervisor.
30. **Bud FY:** Enter the budget fiscal year expenses were incurred.
31. **Fund, Dept, Unit, Sub Unit, Objt:** Enter the applicable accounting coding.
- ◆ Fund
 - ◆ Dept
 - ◆ Unit (organization code)
 - ◆ Sub Unit (if required)
 - ◆ Objt (object code) For in-state mileage reimbursement, use code 2103; for out-of-state mileage, use code 2104.
32. **Amount:** Enter the amount of the line item.
33. **Document Total:** Enter the total amount of the claim.
(Template calculates)

Use the "calculate" button at the end of the template to perform automated calculations.

Request for Exception to State-Wide Policy, Form 625-1329

Purpose	<p><i>Request for Exception to State-Wide Policy</i> is used to seek approval for an exception to the statewide reimbursement rules. Direct billing of expenses for an event requires an approved exception. With prior approval for direct billing, a third party is paid directly for expenses incurred by state employees or persons who contract with the state.</p>
Source	<p>This form is available as a template on Outlook under public folders, state-approved forms, administrative folder.</p>
Completion	<p>The employee responsible for the event completes the form when approval for direct billing is requested. Note:</p> <ul style="list-style-type: none">◆ The exception to direct bill in-state registration fees for employees is not allowed for fees of \$75 or less.◆ The exception to direct bill out-of-state registration fees for employees is not allowed.◆ The exception to direct bill expenses for lodging or airfare for state employees is not allowed. <p>Council, Board, and Commission members follow the same rules regarding exceptions as state employees.</p> <p>The request should be received in the Bureau of Purchasing, Payments, and Receipts at least three weeks before the event.</p> <p>Blanket approvals are effective for no more than one fiscal year. They must be renewed before July 1 of each year and when circumstances surrounding the blanket approval change.</p>
Distribution	<p>Submit three copies of the form along with the supporting documentation through the chain of command to the division administrator or deputy director. Keep a copy until the request is returned from the division administrator or deputy director.</p> <p>When requesting direct billing for meals, a copy of the registration form and agenda must be attached to the request (when applicable).</p>

The division administrator or deputy director submits the approved form along with supporting documentation to the Bureau of Purchasing, Payments, and Receipts.

The Bureau of Purchasing, Payments, and Receipts will forward the request to the Director's designee or to the Department of Administrative Services-State Accounting Enterprise for final approval or disapproval.

The employee makes a photocopy of the approved request and includes that copy with the travel payment.

The DAS-SAE retains one copy and returns two copies to the Department. The Bureau of Purchasing, Payments, and Receipts will return the final decision to the employee requesting the approval.

Data

Below are the instructions for completing the form. The numbers correspond to the inserted numbers on the sample form.

1. **Agency:** Enter the name of the agency submitting the request.
2. **Agency #:** Enter the number of the agency as utilized on the state's I/3 accounting system (i.e. 401, 402, 413).
3. **Employee Name:** Enter the names of the employees the request is for, plus the names of any other persons who will be submitting a separate claim.
4. **Employee Social Security No.:** Enter the vendor customer number of the employees the request is for. Vendor customer numbers are necessary for all state employees. Enter the social security number of other persons who will be submitting a separate claim.
5. **Date for which exception is being requested:** Enter the date the request is for.

6. **Name of vendor request is for:** This information is needed if direct billing or pre-payment is involved in the request. Enter the name of the place of direct billing or pre-payment (if different from employee).
7. **Type of Exception:** Mark the line by each expense the exception request is for. Check all that apply. If there is a (\$_____) after the item, then the dollar amount must also be included.
8. **Will employee be submitting individual travel claim:** Self-explanatory.
9. **Explanation:** Should discuss reason for exception to statewide policy and provide justification of public purpose served.
10. **Agency Signature and Date:** To approve the request, the division administrator or deputy director signs and dates the form in the “Agency Signature” space.
11. **Department Head (if required):** Do not complete.
12. **Approved By and Date:** Do not complete.
13. **Blanket Approval #:** The DAS-SAE Daily Processing assigns this number. The number must be included on each claim submitted under the exception given. Blanket approvals must be renewed each fiscal year.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 5, 2006

GENERAL LETTER NO. 23-H-AP-6

ISSUED BY: Bureau of Purchasing, Payments and Receipts, Division of Fiscal Management

SUBJECT: Employees' Manual, Title 23, Chapter H, **TRAVEL CLAIMS APPENDIX**, Title page, revised; Contents (page 1), revised; pages 1 through 19, revised; pages 20 through 25, new; and the following forms:

RC-0019	<i>Travel Payment Guidelines</i> , revised
TP 07-410	<i>Travel Payment</i> , new
655-0209	<i>Request for Travel Authority</i> , new
655-0215	<i>Change Request</i> , new
TP (TEMP) 07-450	<i>Temporary Out-of-State Travel Advance</i> , new
625-1329	<i>Request for Exception to State-Wide Policies</i> , revised

Summary

This appendix is revised to update the content and change the material into the new manual format.

Effective Date

Immediately.

Material Superseded

Remove the entire Chapter H, Appendix from Employees' Manual, Title 23, and destroy it. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title Page	April 13, 1982
Contents (p. 1)	December 31, 1991
Dept. of Revenue and Finance Pre-Audit Handbook, Procedure 280.201 (pp. 1-3)	December 1, 1990
Dept. of Revenue and Finance Pre-Audit Handbook, Procedure 280.201 (pp. 4-5)	February 1, 1991
625-5300	1/90
1-5	December 31, 1991
6	October 24, 1989

RC-0019	12/91
470-2620	10/91
7, 8	December 31, 1991
9	October 24, 1989
10	December 31, 1991
625-1283	None
Dept. of Revenue and Finance Pre-Audit Handbook, Procedure 280.202 (pp. 1-3)	June 1, 1989
625-1316	1/89
11, 12	October 24, 1989
Dept. of Revenue and Finance Pre-Audit Handbook, Procedure 280.203 (pp. 1-5)	June 1, 1989
165-0003	4/90
13-16	October 24, 1989
Dept. of Revenue and Finance Pre-Audit Handbook, Procedure 210.315 (p. 1)	June 1, 1989
Dept. of Revenue and Finance Pre-Audit Handbook, Procedure 210.315 (p. 2)	July 1, 1989
Dept. of Revenue and Finance Pre-Audit Handbook, Procedure 210.315 (pp. 3-7)	June 1, 1989
470-2739	6/90
17, 18	September 11, 1990
625-1329	2/89
19	December 31, 1991
Dept. of Revenue and Finance Pre-Audit Handbook, Procedure 240.161 (pp. 1-3)	December 1, 1990

Additional Information

Destroy any remaining supplies of the following forms, which are obsolete:

- ◆ 163-0003, *Request for Travel Authority (Outside of Iowa)*
- ◆ 470-2379, *Out of State Travel Report*
- ◆ 470-2620, *Travel Claim Checklist*
- ◆ 625-1283, *Request for Permanent In-State Travel Advance (TVA)*
- ◆ 625-1316, *Request for Out-of-State Travel Advance (TVB)*
- ◆ 625-1329, *Prior Approval Request for Direct Billing*
- ◆ 625-5300, *Travel Voucher*

Refer questions about this general letter to your service area manager.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

October 3, 2008

GENERAL LETTER NO. 23-H-AP-7

ISSUED BY: Bureau of Purchasing, Payments and Receipts,
Division of Fiscal Management

SUBJECT: Management Manual, Title 23, Chapter H, **TRAVEL CLAIMS APPENDIX**,
Contents (page 1), revised; pages 3 through 8 and 18 through 22, revised; and
the following forms:

TP 07-410 *Travel Payment*, revised

TA (TEMP) 07-450 *Temporary Out-of-State Travel Advance*, revised

Summary

This chapter is revised to reflect current policies, procedures, and forms.

Effective Date

Immediately.

Material Superseded

Remove the following pages from the Management Manual, Title 23, Chapter H, Appendix, and
destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	May 5, 2006
TP 07-410	4/06
3-8, 18	May 5, 2006
TP (TEMP) 07-450	4/06
19-22	May 5, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator, your
service area manager, or your regional collections administrator.